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CONFIRMATION NO. 2830

<b>SERIAL NUMBER</b> 09/595,660	<b>FILING OR 371(c) DATE</b> 06/16/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3686	<b>ATTORNEY DOCKET NO.</b> SYSTEM-US
<b>APPLICANTS</b> Eric Teller, Pittsburgh, PA; John M. Stivorc, Pittsburgh, PA; Christopher D. Kasabach, Pittsburgh, PA; Christopher D. Pacione, Pittsburgh, PA; John L. Moss, Monroeville, PA; Craig B. Liden, Sewickley, PA; Margaret A. McCormack, Pittsburgh, PA;				
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/28/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 103
		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 87084				
<b>TITLE</b> SYSTEM FOR MONITORING HEALTH, WELLNESS AND FITNESS				
<b>FILING FEE RECEIVED</b> 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	